

## QUESTIONNAIRE FOR CODE 8

For humanitarian work abroad or research and teaching abroad

PLEASE PRINT

Name:

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

Your **CMPA Member number:**

1. Will you be doing humanitarian work, teaching or research abroad? Check all the options that apply.

Humanitarian work  Teaching  Research

**NOTE: If teaching or doing research abroad, please provide a copy of the invitation from your host medical facility, institution (university) or humanitarian organization. If possible, provide a copy of the program confirming your participation.**

2. How will you perform the work abroad? Check one.

I will be on site  I will be providing care through telehealth

3. Name of the organization sponsoring your humanitarian work:

4. Name the city, country and hospital or institution where you will be working:

City:

Country:

Hospital, institution or university:

5. What is the duration of your work abroad?

Start date:

(MM/DD/YYYY)

End date:

(MM/DD/YYYY)

6. Describe the nature of the clinical or teaching activities you will be doing abroad.

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### YOUR CMPA MEMBERSHIP AND MUTUALITY

The CMPA provides liability protection for its members who, in turn, are expected to practise in a manner that aligns with the ethics and expectations of the profession and the values of the Association (the mutual) as described in its Bylaw.

7. Give a brief description of the patients you will be treating. Are they underprivileged or underserved?

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**THIS SECTION IS TO BE FILLED OUT BY TRAINEES AND CLINICAL FELLOWS ONLY**

8. Explain how your humanitarian work abroad relates to your training or fellowship program.

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9. Name of supervising physician or teacher accompanying you.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(MM/DD/YYYY)

**Please return the completed form to the CMPA by fax, mail or member portal (requires member number and password).**

